## California Resident Income Tax Return 2006

540 C1 Side 1

Va	ш	ivillia nesiuelit i	HOUHIC	Ida IICII	1111 2000		0-10	JI Side I
Fisca	l ye	ear filers only: Enter month of yea	ar end: month	year 20	07.			
Your fi	rst ı	name	Initial Last na	ame		Your SSN or	ITIN	P
If joint return, spouse's first name Initial Last name						Spouse's SSN or ITIN AC		
							T 1 T 1 T 1	A
Present home address — number and street, PO Box, rural route, or PMB no.						Apt. no.	PBA Code	. R
City, to	own	n, or post office (If you have a foreign	address, (see p	age 13)		State ZIP	Code	RP
Prior		If you filed your 2005 tax return  Taxpayer			•	the 2005 return.		
Filing Status	1 2 3	Single Married filing jointly. (see page) Married filing separately. Enter		•	Qualifying widow	d (with qualifying pe (er) with dependent o	erson). (see page 3) child. Enter year spouse di	ed
	6	If someone can claim you (or yo	our spouse) as	a dependent, fill in	the circle here (see page	e 7)	● 6○	
emptions	7 8 9	For line 7, line 8, line 9, and line 10  Personal: If you filled in 1, 3, or 4  If you filled in the circle on line 6  Blind: If you (or your spouse) are  Senior: If you (or your spouse) a  Dependents: Enter name and rela	l above, enter do not enter a visually impa re 65 or older,	1 in the box. If you mount on line 7 ired, enter 1; if both enter 1; if both, enter tinclude yourself	filled in 2 or 5, enter 2		X \$91 = \$ X \$91 = \$ X \$91 = \$	
	11	<b>Exemption amount:</b> Add line 7 th	rough line 10.					
Taxable Income	13 14 15 16 17 18	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14						
Tax	21 22 23	Tax. Fill in the circle if from: C Exemption credits. Enter the amo Subtract line 21 from line 20. If le Tax (see page 14). Fill in the circle Add line 22 and line 23	unt from line 1 ess than zero, e e if from:	1. If your federal A enter -0 Schedule G-1	GI is more than \$150,74 	43, see page 14		
pecial Credit	27 28 29	Enter credit name	ee page 15) e page 15) e are your tota	code no	and amount	• 26 • 27 • 28	29	
her Tax	31 32 33 34	Alternative minimum tax. Attach S Mental Health Services Tax (see p Other taxes and credit recapture ( Add line 30, line 31, line 32, and l	oage 16) (see page 16)			• 32 • 33		

Your name:	Your SSN or I	TIN:	
<b>35</b> Total tax	rom line 34, Side 1		
	income tax withheld (see page 16)		
	estimated tax and other payments (see page 16)		l l
	te and other withholding, Forms 592-B, 593-B, and 594		l l
39 Excess S	DI. To see if you qualify (see page 16)		l l
_	endent Care Expenses Credit (see page 16). Attach for		
• 40			
<b>4</b> 2		■ 43	
	36, line 37, line 38, line 39, and line 43. These are your		
	, into 67, into 66, into 66, and into 16. Those are your	total paymonto (500 page 17)	
45 Overpaid t	ax. If line 44 is more than line 35, subtract line 35 from	line 44	
46 Amount of	line 45 you want applied to your ${f 2007}$ estimated tax		■ 46
2 × 47 Overpaid t	ax available this year. Subtract line 46 from line 45		47
	line 44 is less than line 35, subtract line 44 from line 3	5	48
<b>49</b> Use	T. This is not a faithful (**)		00
⊃⊢ 49 Use	Tax. <b>This is not a total line</b> (see page 17)		<u> UU</u>
CA Conioro Co	ecial Fund (see page 59)	00 Emergency Food Assistar	nce Program Fund <b>57</b> 00
Alzhaimar'a Di	eciai Fund (see page 59) 50 sease/Related Disorders Fund		nce Program Fund • $57$ 00  al Foundation Fund • $58$ 00
CA Fund for S	enior Citizens	O/ 11 Oddo Officer Michigan	Fund • 59 00
	ingered Species Preservation Program 53	Or wintary raining rionor	Fund
State Children	's Trust Fund for the Prevention of Child Abuse 54	Totorano adamiy or zno r	n Services Fund 61 00
CA Breast Can	cer Research Fund	07.007.444.170.0700	vention Fund
CA Firefighters	3' Memorial Fund		• <b>63</b> 00
			loo
<b>64</b> Add line 5	through line 63. These are your total contributions		• 6400
t e			
86 65 AMOUNT	YOU OWE. Add line 48, line 49, and line 64 (see page 1	8). Do not send cash.	
Mail to: FF	ANCHISE TAX BOARD, PO BOX 942867, SACRAMENT	TO CA 94267-0001	;
0			
66 Interest, la	te return penalties, and late payment penalties		
to to the second	nent of estimated tax. Fill in circle: OFTB 5805 atta	ched OFTB 5805F attached	67
2 68 Total amo	ınt due (see page 19). Enclose, but do not staple, any p	payment	68
	R NO AMOUNT DUE. Subtract line 49 and line 64 from	` ' ' '	
Mail to: <b>FF</b>	IANCHISE TAX BOARD, PO BOX 942840, SACRAMENT	TO CA 94240-0002■69	)
Mail to: FF Fill in the inform All or portion of Routing num	mation to have your refund directly deposited to one or	two separate accounts. Do not attach a v	oided check or a deposit slip (see page 19).
<u></u>			
All or portion of	f total refund (line 69) you want to direct deposit:		
	☐ Checking — ☐ Savings ☐ Savings		
• Routing num			■ 70 Direct deposit amount
Remaining por	tion of total refund (line 69) you want to direct deposit:		
<del>e</del>	☐ Checking		
	Savings		= 74 Divert describes and
<ul><li>Routing num</li></ul>	ber • Type • Account number		■ 71 Direct deposit amount
Sign	<b>IMPORTANT:</b> See the instructions to find out if you should atte examined this return, including accompanying schedules and		
Here	Your signature	Daytime phone number (optional)	
IIGIG	Tour signature	Spouse's signature (if a joint return, both must sign)	d (optional)
It is unlawful to		Χ	()
forge a spouse's	X	Date	
signature.	Paid preparer's signature (declaration of preparer is based on all int	Paid preparer's SSN/PTIN	
Joint return? (see page 24)		•	
(300 paye 24)	Firm's name (or yours if self-employed)	Firm's address	FEIN